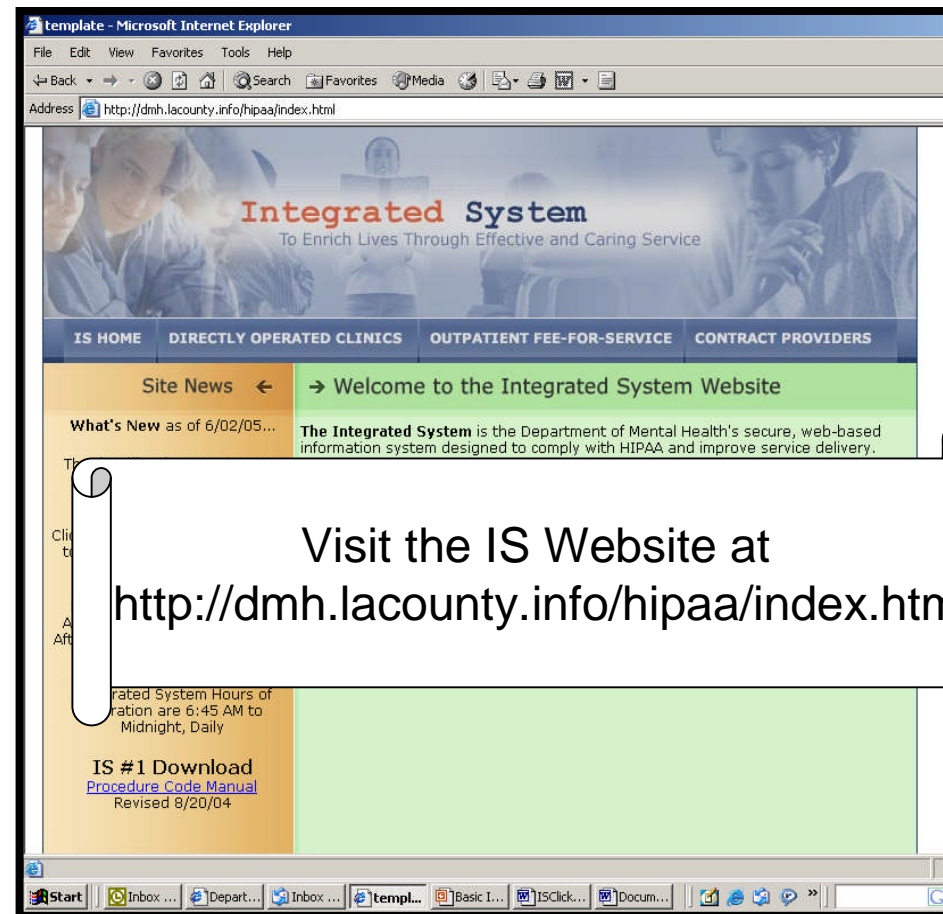


Basic Integrated System (IS) Training

Things to Keep in Mind

- All Patient Health Information (PHI), in this manual, is fictitious.
- Remember to use the help (?) icon.
- It is recommended that you understand the billing processes before using the IS.
- To return to the previous screen, always click on the Return button, under Options.
- Italicized fields must be completed.
- Dates must be entered as: 00/00/0000
- You will be logged off every 15 minutes when not using the system; you will have to click on the Home page to log back in.
- It is strongly recommended that you attend the PATS training on medications.
- You only have access to the Home and Clinical pages of the System
- MIS, IS, and DMH number are all the same.



Basic IS Training

1. Log in
2. Find a Client
3. Add a Client: Identification Screen
4. Add a Client: Contacts Screen
5. Add a Client: Financial Screen
6. Add a Client: Other Screen
7. Open an Episode: Admission Screen
8. Open an Episode: Diagnosis Screen
9. Add Services
10. Add a Claim, a Plan and Payer (s)
11. Void and Replace a Claim
12. Close an Open Episode: Discharge and Diagnosis Screens

Use Keyboard Shortcuts!

Avoid using the Mouse.

- The Tab key will take you through every field on the screen.
- Shift-Tab will take you backwards through those fields.
- Down Arrows and characters to go through drop-down lists.
- The Space bar will check and uncheck boxes.
- The Enter key will activate buttons.

Log In with a SecurID Card

The screenshot shows a web browser window with the address <http://dmh.lacounty.info/hipaa/index.html>. The website header features the title "Integrated System" and the tagline "To Enrich Lives Through Effective and Caring Service". Below the header is a navigation bar with links: "IS HOME", "DIRECTLY OPERATED CLINICS", "OUTPATIENT FEE-FOR-SERVICE", and "CONTRACT PROVIDERS". The main content area is divided into two columns. The left column, titled "Site News", contains a "What's New" section with a deadline extension notice for June 8, 2005, a "Help Desk" contact number (213-351-1335), and a link to the "IS #1 Download Procedure Code Manual". The right column, titled "Welcome to the Integrated System Website", contains a welcome message, a "This Week on the Integrated System" section with a bulletin about discharge dates, and a "Click the banner at the top of this screen to access the IS with your SecurID Card" instruction. Two callout boxes provide additional instructions: the first points to the "CONTRACT PROVIDERS" link and states "1. If you are a DMH Contracted Provider, go to", and the second points to the SecurID card instruction and states "2. Click to go to the RSA SecurID logon screen and follow procedures".

1. If you are a DMH Contracted Provider, go to

2. Click to go to the RSA SecurID logon screen and follow procedures

Add a Client: Contact Information

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CM jgarciabagues

Client Information

Client: TestClient , Example (not enrolled)

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification **Contacts** Financial Other Groups

ClientAddress

Transient/Homeless ☐ Time Homeless:

Address 1: Address 2:

City: County: State: Zip:

Phone: (h) (w)

Address Memo:

Other Contacts

	Name	Type	Phone	Email	Add'l Details
+					
1					

Click to add other contacts

Click

Cancel Continue

Address is required if the client is not homeless

Add a Client: Financial Information

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues X

Client Information

Client: TestClient , Example (not enrolled) ?

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification **Contacts** **Financial** **Other** **Groups** **XRef** **MCal Benefits**

UMDAP Date: 02/08/2008

Service Location:

Family Income (\$): 300.00

Source of Income: SSI

of Dependents: 1

Annual Liability (\$): 0.00

Client Reported Benefits

Type	Description	ID Number
+		

Click to add Medi-Cal or Other benefits

This field is for client's initial or annual UMDAP date

Cancel Continue

Add a Client: Benefit Information

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Benefit Information

Client: TestClient , Example (not enrolled) ?

Options

[Return](#)

Type:

Description:

HMO/PHP:

ID Number:

Select benefit type

- Champus
- Client/Family
- HMO/PHP
- Insurance/Third Party
- Medicare
- Other County
- SD/Medi-cal

Cancel Save

Open an Episode: Admission Screen

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Client Information

Client: TestClient , Example () ?

Options	Identification	Contacts	Financial	Other	Groups	XRef	MCal Benefits
Return	Name Last: TestClient			First: Example		Middle:	
Change Provider	AKA Last:			First:		Middle:	
Find Client	IM Name:			DOB: 07/12/1970		LOC:	
Daily Log	Primary Lang: 01-English			Pref Lang: 01-English		Age: 37	
View Episodes	Marital Status: 01-Single			Education: 12-Twelfth Grade			
Check Eligibility	Ethnicity: 01-White			Origin:		Tribe:	
Enroll Client	Employment: FC-Full time competitive employment (salaried)						
Eligibility History	Handicap: 00-Not physically disabled/no significant disability						
	Living Arrngmnt: 01-Lives alone in house or apartment						
	Conservatorship:					Veteran: No	
	Date Of Death:			English Speaking: <input checked="" type="checkbox"/>			

Click to view a client's episode

Cancel Continue

Add Services

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV C jgarciaabagues

Outpatient Episode

Client: TestClient,Example() ?

Options

- Return
- Find Client
- Client Info
- Check Eligibility
- Medications
- Close Episode
- View Episodes

Search Service Date

From Date

To Date

Search

Services Void Services Diagnosis Admission

	Service Date	POS	Total Time	# Staff	Procedure	Rendering Provider	M	S	C	D
+										
1										

Click to begin entering a service

Add Services

■ What is Evidence-Based Practice/Service Strategies/PEI Services?

They are techniques that use research results, reasoning, and best practices to inform the improvement of Mental Health Care. DMH is now using the IS to track the use of these techniques. These are some examples: Multisystemic Therapy, Functional Family Therapy, Brief Strategic Family Therapy, Functional Family Therapy, Peer and/or Family Delivered Services, Family Support

Add Services

Evidence Based Practice:

- 00-No EBP/SS
- 01-EBP ACT
- 10-EBP MST
- 11-EBP FFT
- 2A-Brf Strat FamTher
- 2B-CPP Chld-Prnt Ther

The system may allow you to select up to 3 options

CP's must use 2K Impact

Evidence Based Practice:

- 2F-DTQI-Dep Treat QI
- 2J-Group CBT Maj Dep
- 2K-IMPACT**
- 2L-Incredible Years
- 2M-IPT Depression
- 2P-Multidim Fam Ther

Add a Claim: Add a Plan

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH | [Home](#) | [Clinical](#) | [Administrative](#) | [Plan](#) | [CIOB](#)

1904-ANTELOPE V:1904A-ANTELOPE

Add Outpatient Claim

Client: TestClient, Example()

Options

- [Return](#)
- [Check Eligibility](#)
- [Service](#)

Client Benefits: Staff Code: E232633

Service Date: 03/12/2011 Procedure: 90801 Mod1: Mod2: Unit Type: MJ Units: 84 Rate: 3.16

Claim Amount: 265.44 Late Code:

SOC Obligation: Medi-Cal ☐ EVC: SED Healthy Families ☐

Service Facility Address ☐ EPSDT Scr Ref ☐ Emergency ☐ Pregnancy ☐ Dup Override ☐

Claim Plans:

	Plan	Pay Order
+		
1		

Medicare / Other Insurance:

	Payer	Paid Amount	SubscriberID
+			
1			

Add a Claim: Add a Plan

COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Plan

Options

Client Benefits: SD/Medi-cal:97671909C Staff Code: LCA0934

Return

ServiceDate	Procedure	Mod1	Mod2	UnitType	Units
02/04/2011	90801			MJ	27

Plans:

Pay Order:

PEI_Special_Programs [07/01/2010-12/31/2020]

Alt_Crisis_svc-Urgent_Care_Ctr [07/01/2009-12/31/2020]
 CalWORKs [07/01/2002-12/31/2020]
 CGF [07/01/2002-12/31/2020]
 FCCS-ADULT MHSA [04/01/2008-12/31/2020]
 FCCS-OLDER ADULT MHSA [03/06/2007-12/31/2020]
 GROW [07/01/2002-12/31/2020]
 MHSA_Fam_Focused_Wellness_Svc [01/01/2007-12/31/2020]
 PEI_Adult [07/01/2010-12/31/2020]
 PEI_Children [05/11/2010-12/31/2020]
 PEI_Older_Adult [07/01/2010-12/31/2020]
 PEI_Special_Programs [07/01/2010-12/31/2020]
 PEI_TAY [05/11/2010-12/31/2020]

CP's must use PEI-Special Programs

Claim Plans:

Plan	Pay Order
CGF	1

If you click to add a second plan per claim, the IS will generate this error message

This means that your plan was added



Add a Claim

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH | [Home](#) | [Clinical](#) | [Administrative](#) | [Plan](#) | [CIOB](#)

1904-ANTELOPE V:1904A-ANTELOPE

Add Outpatient Claim

Client: Client:TestClient, Example ()

Options

- [Return](#)
- [Check Eligibility](#)
- [Service](#)

Client Benefits: Staff Code: E232633

Service Date	Procedure	Mod1	Mod2	Unit Type	Units	Rate
03/12/2011	90801			MJ	84	3.16

Claim Amount: Late Code:

SOC Obligation: Medi-Cal ☐ EVC: SED Healthy Families ☐

Service Facility Address ☐ EPSDT Scr Ref ☐ Emergency ☐ Pregnancy ☐ Dup Override ☐

Claim Plans:

Plan	Pay Order
CGF	1

1

Medicare / Other Insurance:

Payer	Paid Amount	SubscriberID
Other1	0.00	3545

1